U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

1. File Number U 1708

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

John P. Condis

Ε

Name

Street

Signed

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under Pt. 36-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

Labor Organization File Number 024 - 139

Name, file number, and address of labor organization.

Name Laborers' Local 231

P.O. Box, Building and Rcom Number, if any

P.O. Box 374

/01 /2004 Through: 12 /31 / 2004

1408 Gingoteague Way	2503 Broadway Rd.
City Pekin	City Pekin
State IL 61554 ZIP Code + 4	State IL 61555 ZIP Code + 4 0 3 7 4
5. Pos.tion in labor organization. Executive Board Member	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (expect as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

possession related to the calendar year 2004, I do not have, to the best of my knowledge, any LM-30 reportable transactions. I am filing this form in order to

qualify as part of the DOL amnesty filing for 2004 and the prior five years

7 - 0 7 - 2 0 0 5
Date

Please be advised that, based on the records that are currently in my

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undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, setling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).  Name Midwest Kegion Laborers Health tSafety Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street #   No Old State Cap. td Plaza City Spring field, To Saite  State TL ZIP Coce + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Provides Health + Safety Assistance to related funds The signatury employers
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	12.a. Nature of interest held or income received.  For Calendar year 2004  Sala-y 51,868.93  Benefits 22,092.56  Benefits 22,092.56  Fund Related Expenses 15,271.91  12.b. Amount. To ta! 89,233.40
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	

14.b. Amount of payment.

Trade Name, if any:

Street

City

State

P.O. Box, Bldg., Room No., if any

ZIP Coce + 4

or Consultant

?

U.S Department of Labor **Employee Standards Administration** Office of Labor-Management Standards 200 Constitution Avenue. NW Room N-5616 Washington, D.C. 20210

Re: Form LM-30 Filing for John P. Condis

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith efforts to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004. Sincerely, Michael

#### **MEMORANDUM**

August 15, 2005

To: U.S. Department of Labor

Employee Standards Administration Office of Labor-Management Standards

From: John P. Condis

Re: 2004 LM-30 Filing

Please be advised that, based on the records that are currently in my possession related to the calendar year 2004, I do not have, to the best of my knowledge, any LM-30 reportable transactions. I am filing this form in order to qualify as part of the DOL amnesty filing for 2004 and the prior five years.

## [MEALS/EVENTS WITH FRIENDS]

I have personal friendships with individuals who may be employed by reportable entities under the LMRDA, which exist separate and apart from my role as a union officer/employee. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and/or have no specific recollection of any benefits received.

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### Addendum F (Meal/Events without specific records or recollection)

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

Pam not reporting any benefits that I may have received from a political action committee ("PAC"). My understanding is that PACs report all receipts and disbursements under the Federal Election Campaign Act, and I do not need to report under the Labor-Management Reporting and Disclosure Act.

#### [UNION TO UNION BENEFITS]

I am not reporting any benefits that I may have received in 2004 from labor organizations

affiliated with the Laborers' International Union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.